

4/9/2014

13-53846

Asaka
8925 E. Jefferson #6W
Detroit Michigan 48214

FILED

2014 APR -9 P 2:42

U.S. BANKRUPTCY
E.D. MICHIGAN-DETROIT

Honorable Judge Steven Rhodes
Federal Bankruptcy Court
Detroit, Michigan 48226

Re:

Dear Judge Rhodes,

I am 69 yrs old and my sole support comes from a small pension from the city of Detroit gross 606.32 (net 404.00) a month. the program I worked for for 16 yrs closed in 2009. I was 64. My health being what it was I chose to try to keep my health insurance so I retired. this was despite that I was scheduled to retire at 66 yrs. Please see attachments A B C & D.

I also received 936.00 a month from social security after medicare premium 104.00. It was mandatory of retirees to turn in your medicare card at age 65 yrs when they turned it into Advantage Care.

today: I have to paid \$100.00 per 30 day supply of each of my 7 medications which include 2 insulins, 1 blood thinner 2 blood pressure pills among the 7 meds. So this cost is more than my pension. My rent is 700.00 a month and I have lived here 8 yrs. Some of my meds are 50% of market rate. I can only take bread.

I cant get into any medicare assistance program or senior citizen work program because of my gross income. Now I am I suppose to live or must I just die. this hold situation reduced pension & social security for life.

Sincerely,

Charlotta Asaka
(313) 204-2261

Charlotta Asaka

13-53846

5031 GRANDY AVENUE
DETROIT, MICHIGAN 48211
PHONE: 313-852-5609 TTY:311
FAX: 313-852-4837
WWW.DETROITMI.GOV

CITY OF DETROIT
DEPARTMENT OF HUMAN SERVICES

A

DRUG TREATMENT DIVISION MEMORANDUM

To: All DHS Drug Treatment staff
From: Shenetta L. Coleman, Executive Director
Date: Nov 21, 2008
Re: Closing of Drug Treatment program

Dear Staff:

Unfortunately, due to increased operating cost and budget constraints, we are unable to continue to provide services. As of January 23, 2009 the program will be closed, the last day for staff will be February 13, 2009. We have worked tirelessly trying to find solutions to resolve this issue. It saddens us to have to close the program, some of you have been with us for many years seeing the growth and changes that have occurred over the years. Please understand that each of you have been a significant part of the division and department team and will be missed. We thank you for your service and devotion to the program.

Human Resources has been contacted and a meeting will be arranged to answer your personal questions and to provide you with the necessary HR information.

If you have any questions, please contact Ms. Rose Holt at (313) 887-1171 or Ms. Coraleen Rawls at (313) 887-1023.

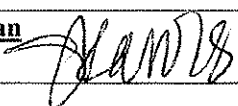
Cc: Coraleen Rawls, General Manager
Rose Holt, Manager II
Dr. Kanzoni Asabigi, Deputy Director – DHWP-BSAPTR
Jeanine McIntosh, Treatment Coordinator – DHWP-BSAPTR

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B

City of Detroit
Human Resources Department

Notice of Layoff

Department: <u>Department of Human Services</u>		Division: <u>Drug Treatment</u>	
Employee Name: <u>Charlotte Asaka</u>		Phone # <u>(313) 204-2261</u>	
Address: <u>P.O. Box 14110</u> <u>8425 East Jefferson Ave</u>		City: <u>Detroit</u> Zip: <u>48214</u>	
Soc. Sec. No. <u>3</u>		Retirement System No. <u>228585</u>	
You are hereby notified that effective <u>February 14, 2009</u> you will be laid off from the position of <u>Substance Abuse Counselor</u> for the following reason: <u>lack of work.</u>			
Last Day Worked: <u>February 13, 2009</u>		Last Day Paid: <u>February 13, 2009</u>	
Seniority Date: <u>4/22/1996</u>		Augmented Seniority Date: <u>4/22/1996</u>	
Class Seniority Date: <u>4/22/1996</u>		Bargaining Unit: <u>1580</u>	
Prepared By: <u>Cherece Mosley</u>			
Issued By: <u>Shenetta Coleman</u> 			
Change in Address/Phone: _____			
Important: A WRITTEN notification of any future change in address or telephone numbers must be submitted to the Human Resources Department, Coleman A. Young Municipal Center, Suite 314, Detroit MI 48226.			

Note: Employees who are laid off 30 days or less, i.e if eligible for city-wide displacement, shall have the option of receiving a lump sum payment for any accrued vacation time or may chose to leave his/her vacation bank intact. Employees who are laid off beyond 30 calendar days will receive a lump sum payment for any unused vacation days including any prorated vacation time due the employee. The lump sum vacation payment will be issued after the employee has been laid off for more than 30 days.



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2 (C)

USE BALLPOINT PEN

CITY OF DETROIT RETIREE HEALTH BENEFITS ENROLLMENT/CHANGE FORM

Part I. Retiree Information

Social Security Number: [REDACTED] Last Name: Osaka City: Detroit
Street Address: 8925 E. Jefferson, #6W State: Mi Zip Code: 48214
First Name: Charlotte M.I.: 4 Date of Birth: Mo Day Yr 27 1957 Sex: F

What was your job title at the time of your retirement?
Sub. Abuse

Counselor

Part II. Coverage Selection

Medical Plan

Your Current Plan: Community Blue Check Box If You Want Same Plan ☒
New Plan: BDADA 100 \$507
Retiree: If you select an HMO, provide name of Primary Physician/Site/Code.

Dental Plan

Your Current Plan: Den Clay Check Box If You Want Same Plan ☒
New Plan: 50070 \$0
Retiree: If you select a network-based dental plan, provide dental office name and location.

Vision Plan

Your Current Plan: Colop Check Box If You Want Same Plan ☐
New Plan: Spectera 40040 \$0

PLEASE READ RETIREE HEALTH CARE PLAN OPTIONS BOOKLET

Part III. Dependent Information (List all current and any new dependents)

* Action Code for Coverage: C-Continue A-Add R-Remove (M-Medical D-Dental V-Vision)

Action Code*	Health Care Plans			First Name	Last Name	M.I.	Social Security Number	Sex	Relation Code**	Date of Birth		Primary Physician Name/Site/Code
	M	D	V							Mo	Day	
Spouse									S	/	/	
Dep - 1										/	/	
Dep - 2										/	/	
Dep - 3										/	/	

Part IV. Authorization. I have elected to enroll myself and my dependents in the above health care plans and authorize the City of Detroit to deduct the amount of any required premium-sharing contribution from my monthly retirement payment check. I also authorize my health care plans and the Benefits Administrative Office to obtain information from health care providers, hospitals and clinics necessary to administer the health care programs and provide services.

Retiree Signature: Charlotte Osaka Date: 1/13/09

BAO USE ONLY

Medical Codes: Old: _____ New: _____
Dental Codes: Old: _____ New: _____
Vision Codes: Old: _____ New: _____
Proc Date: _____
Group/Suffix: _____

Eff: _____ BC: _____ FM Date: _____
Eff: _____ BC: _____ FM Date: _____
Eff: _____ BC: _____ FM Date: _____

Important: Retirees and their dependents who are Medicare eligible, typically at age 65, must provide proof of enrollment in Medicare Parts A & B or proof of ineligibility for Medicare. Please read reverse side of this Form.

Note: Unless you are receiving a duty disability pension, dependent children are not eligible for dental and optical.

Reason for Coverage Termination:

- ☐ Terminate Entire Contract ☐ Divorce
☐ Ineligible Dependent ☐ Death
☐ Have Other Coverage

Date of Event: _____

- ☐ Open Enrollment ☐ COBRA
☐ Remove Dependent(s) ☐ Terminate Contract

Retiree Telephone Numbers:
Daytime: 313.204-2261
Evening: _____

Reason for Change/Addition: Must submit this completed enrollment within 30 days of the event
☐ New Dependent(s) ☐ Marriage
☐ Loss of Other Coverage ☐ Name Change

Date of Event: _____



**GENERAL RETIREMENT
SYSTEM
OF THE CITY OF DETROIT
BENEFIT ESTIMATE**
Calculated on: 06/17/2008
(Service)



ASAKA, CHARLOTTE
P. O BOX 14110
DETROIT MI 48214

Date of Birth: 04/27/1945
Service Date: 04/22/1996
Retirement Date: 05/01/2011
Member Age: YR 66 MO 0

SSN: XXX - XX - 9638

Age at Disability
Pension #: 228585

Revenue Group	Service Credit Years	Service Credit Months	(A F C) Average Final Compensation	
1	14	4	AFC from Wages	\$31,367.51
Included Military			Sick Leave AFC	\$333.46
Service Credit	0	0	Total AFC	\$31,700.97

<u>TOTAL PENSION PRIOR TO OPTION SELECTION</u>				<u>Annuity</u>
<u>Service Pension</u>	+	<u>Basic Pension</u>	=	<u>Total Pension</u>
\$7,544.83		\$120.00		\$7,664.83
				<u>Balance</u>
				\$0.00

23.8% Pension Calculation Percentage Factor

FOR QUESTIONS AND/OR APPOINTMENTS, PHONE (313) 224-3362

**THIS IS A RE
TIREMENT ESTIMATE BASED ON
INFORMATION AVAILABLE AT THIS TIME IT SHOULD NOT BE
INTERPRETED AS A FINAL RETIREMENT ALLOWANCE**